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(57) Abstract

A method of preventing or controlling TGF β -induced cataract or cataract-like disorders in the eye of a mammalian subject which comprises administering to the subject an effective amount of an estrogen or estrogenic substance.

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A Method for Preventing or Controlling Cataract

TECHNICAL FIELD

The present invention relates to a method for
5 preventing or controlling pathological changes which occur
in association with cataract formation in the mammalian eye
by protecting lens cells against the cataractogenic effects
of transforming growth factor- β (TGF β). In particular, the
present invention relates to a method for preventing or
10 controlling TGF β -induced cataract formation in the mammalian
eye by administering an estrogen or estrogenic substance to
the mammal.

BACKGROUND ART

15 Cataract is an opacity of the lens that interferes with
vision. It is one of the most common of eye diseases and,
though it may occur at any time in life, it often
accompanies aging. In the USA, for example, up to 45% of
people aged between 74 and 89 years suffer from cataract.
20 Predisposing factors include aging, diabetes, UV/sunlight,
ocular surgery and malnutrition. Cataracts are most
frequently classified according to the location of the lens
opacity: nuclear, cortical, posterior subcapsular or
anterior subcapsular (Tripathi and Tripathi, 1983).
25 Currently, the most commonly used treatment for cataract is
surgical removal of the lens cells and subsequent
implantation of a synthetic replacement lens within the
remaining lens capsule. However, implantation of a
synthetic lens may only temporarily restore vision because
30 residual cells associated with the lens capsule often grow
to form new opacities. The latter condition is a form of
cataract known as aftercataract and also known as posterior
capsule opacification (Green and McDonnell, 1985; Kappelhof
and Vrensen, 1992).
35 The inventors have previously shown that TGF β is
cataractogenic. The inventors have also shown that the

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TGF β -induced changes to lens cells can be inhibited or prevented by reducing or inhibiting the action of TGF β , such as by administering an effective amount of one or more inhibitors of TGF β . This was disclosed in PCT/AU94/00694, the entire specification of which is incorporated into this patent specification by reference.

The inventors' previous work has shown that TGF β induces certain changes known to be associated with cataract, including anterior and posterior subcapsular cataract and aftercataract. These changes have been shown in rat lens explants cultured with TGF β and include accumulation of extracellular matrix, formation of spindle-shaped cells, capsule wrinkling and cell death with features of apoptosis (Liu et al., 1994; Hales et al., 1994). Further evidence of TGF β involvement in anterior subcapsular cataract formation comes from whole rat lens studies which show that TGF β induces anterior opacities that coincide with subcapsular plaques containing molecular markers for cataract, α -smooth muscle actin and collagen type I (Hales et al., 1995). These proteins are not normally found in the lens but are present in certain forms of cataract in humans. The other changes discussed above are known to be associated with certain forms of cataract in humans. Further evidence of TGF β involvement in posterior subcapsular cataract and cortical cataract formation comes from studies described in Examples 1 and 3.

Sex-dependent and female sex hormone-related differences in susceptibility to cataract formation have been noted in epidemiological studies. While the prevalence and severity of cataract increases with aging in both men and women, a more marked increase occurs in women than in men later in life, over the time period when serum levels of sex hormones are low in women (Klein et al., 1992). Furthermore, early age at menarche or delayed menopause seems to protect against certain forms of cataract (Klein, 1993). Such studies do not provide evidence that the sex-

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(or sex hormone-) related protective effect observed is due to estrogen. In addition, researchers have reported the prevalence and severity of nuclear, cortical and posterior subcapsular cataracts in postmenopausal women on hormone replacement therapy, involving administration of pharmaceutical products containing 'estrogen' with or without 'progesterone', and in others not undergoing hormone replacement therapy (Klein, 1993). A statistically significant difference between these two groups of women was found for nuclear cataract only, and it is not clear whether the observed effect of hormone replacement therapy was due to estrogen. To date there is no evidence that estrogen per se has a protective effect against forms of cataract induced by TGF β or that a TGF β -linked process is involved in protecting individuals against cataract in such studies.

Some animal studies, however, teach that estrogen causes cataract or cataract-like changes in the lens. Progesterones and estrogens in vitro have been noted to lead to an increase in ion permeability which is accompanied by loss of clarity in cultured lenses (Lambert, 1968). It has also been reported that intramuscular injection of estrogen causes changes in the lens epithelium resulting in atrophy which may be a factor in the development of lenticular opacity (Bisaria, 1980).

Starka et al. (1976) have reported detecting estrogens in the ocular media in female and male rabbits but it is not clear what levels of active hormone are present.

According to published scientific literature, the effect of estrogen on the biological activity of TGF β is variable. Estrogens have been known to enhance the biological activity of TGF β . For example, 17- β -estradiol has been reported to stimulate release of active TGF β when added to cultures of rat granulosa cells (Dorrington et al., 1993). In addition, Herman et al. (1994) report an enhancing effect of estrogen on TGF β activity by showing that removing estrogen from the medium of cultured human

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breast cancer cells reduces their sensitivity to the growth-inhibitory effects of TGF β . Estrogens are also known to have a suppressive effect on TGF β activity or no effect.

For example, estrogen-induced tumorigenesis in the anterior pituitary of rats is accompanied by a loss of sensitivity to TGF β 1 (Pastorcic et al., 1995), and estradiol does not specifically block the growth-inhibitory effects of TGF β in hepatocyte cultures, although the cells are otherwise responsive to estradiol (Ni and Yager, 1994). Similarly, in studies on the expression of TGF β mRNA and protein rather than TGF β biological activity, no consistent trend is apparent i.e. estrogen may upregulate, downregulate or have no effect on TGF β expression depending on both the cell type and the TGF β isoform involved.

Many postmenopausal women are now receiving estrogen replacement therapy, in conjunction with progesterone where appropriate, but it is not universally advocated or available. In 1994, it was reported that only 5 to 10% of menopausal women in the USA were receiving this treatment (Griffing and Allen, 1994).

The TGF β family consists of a group of related proteins; TGF β 1, TGF β 2 and TGF β 3 are the isoforms found in mammals. Mature TGF β in its biologically active form is a 25 kDa dimer that is cleaved from a latent precursor molecule (Kingsley et al., 1994).

DISCLOSURE OF THE INVENTION

In one aspect, the present invention provides a method of preventing or controlling TGF β -induced cataract or cataract-like disorders in the eye of a mammalian subject which comprises administering to the subject an effective amount of estrogen.

In another aspect, the present invention provides a method of preventing or controlling TGF β -induced cataract or cataract-like disorders in the eye of a mammalian subject which comprises administering directly to or near to the eye

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of the subject an effective amount of estrogen.

Preferably, the mammalian subject is a human being but the present invention is also suitable for treating TGF β -induced cataract or cataract-like disorders in other animals
5 such as horses, cats, dogs or the like.

Even though the present invention is suitable for prevention or treatment of cataract in humans irrespective of their natural estrogen levels, the present invention is particularly suitable for treating women with low estrogen
10 levels, ie. peri- and post-menopausal women or women suffering hypoestrogenism for other reasons, for example, hypogonadism, ovariectomy or primary ovarian failure.

In a further aspect, the present invention provides an ophthalmological formulation comprising estrogen in an
15 ophthalmologically acceptable carrier.

In a further aspect, the present invention provides a membranous ocular patch impregnated with estrogen.

In a further aspect, the present invention provides a method of preventing or controlling aftercataract formation
20 in the eye of a mammalian subject following lens implant surgery which comprises implanting in the eye of the subject, a lens or lens implant coated or impregnated with estrogen.

In yet another aspect, the present invention provides a
25 lens implant coated or impregnated with estrogen.

In yet a further aspect, the present invention provides the use of estrogen in the manufacture of an ophthalmological formulation for preventing or controlling TGF β -induced cataract or cataract-like disorders.

30 Estrogens are mammalian sex hormones that occur in both males and females throughout life. While their major role is in the reproductive biology of the female, they also influence various tissues that are not part of the reproductive system. In humans, the naturally occurring
35 estrogens are estradiol (17- β -estradiol), estrone and estrone sulphate, with smaller amounts of conjugated or

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hydroxylated derivatives; estradiol is the most active of these biologically (Lobo, 1987).

Many substances, both naturally occurring and synthetic, are classed as estrogens on the basis of their therapeutic or biological action (see listing under 'Estrogens' in the 'Therapeutic Category and Biological Activity Index' of The Merck Index, 12th Edition, Merck Research Laboratories, NJ, 1996, page THER-22). According to this listing, estrogens may be steroids (e.g. estradiol, ethinyl estradiol, colpormon, conjugated estrogenic hormones, equilenin, equilin, estriol, estrone, mestranol, moxestrol, mytatrienediol, quinestradiol and quinestrol) or non-steroids (e.g. diethylstilbestrol, dienestrol, benzeestrol, broparoestrol, chlorotrianisene, dimestrol, fosfestrol, hexestrol, methallenestril, methestrol). The substances listed do not necessarily exert their biological effect(s) directly; some require metabolic conversion to an active form after administration. For example, estrone sulphate administered orally is metabolised by various pathways, leading to increased serum levels of the more active estradiol, while mestranol is converted to the highly potent ethinyl estradiol after administration. Other non-steroidal estrogens include indenestrol.

Many additional substances are known to be estrogenic, that is, they interact with cellular estrogen receptors and mimic the effects of estrogens. Many classes of such estrogenic substances have been shown to be tissue selective in their estrogenic effects. Diverse classes of molecules fall within this category, for example: quinolines and fused quinolines that act as steroid receptor modulators such as 3,9-dihydroxy-5H-benzofuro[3,2-c]quinoline-6-one and those disclosed in WO 96/19458; phytoestrogens which occur naturally in plants such as forage plants, soya beans, seeds, berries and nuts (Jordan et al., 1985), including isoflavones such as genistein and genistein glycosides, equol, O-desmethyl-angolensin, biochanin A, daidzein and

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formononetin; flavones such as phloretin, 4'-6-dihydroxyflavone and tricin, and coumestans such as coumestrol, 4'-O-methyl coumestrol, medicagol and sativol, lignans such as matairesinol, enterodiol, enterolactone, 5 guaiaretic acid, nordihydroguaiaretic acid and derivatives thereof, β -sitosterol; mycoestrogens such as zeranol, zearalenol and zearalenone; estrogen receptor agonist/antagonists, such as tamoxifen, hydroxytamoxifen, zindoxifene and its metabolites, nafoxidene and derivatives, 10 clomiphene, centchroman, benzothiophenes and related compounds such as benzothiophene-derived LY139478 (Eli Lilly), raloxifene and droloxifene, which may mimic the action of estrogens in certain types of cells, while opposing it in others (Raisz, 1996); and many phenols that 15 contain a strategically located phenolic hydroxyl not impaired by an alkyl substitution in the ortho position (see Jordan et al., 1985), including octyl phenyl, nonyl phenol, butylated hydroxyanisole, bisphenol A and trihydroxy-8-prenylflavone. Note that estrogenic substances in this 20 general category may also be referred to in the literature as 'estrogens' (see Jordan et al., 1985, for example). As already described above (for 'estrogens' as defined in Merck), estrogenic substances may exert their estrogenic effect(s) directly or they may require metabolic conversion 25 to an active form after administration. For example, metabolic activation of some phytoestrogens involves demethylation to phenols (Jordan et al., 1985).

Furthermore, a substance may exert an estrogenic effect in the following ways. It may enhance the effect of 30 endogenous estrogens, that is, estrogens already present in a recipient (e.g. by increasing the number of estrogen receptors), or it may enhance the biological effect(s) of endogenous estrogens by promoting conversion to a more potent form or by inhibiting their degradation.

35 As used throughout this specification including the claims, the term estrogen is intended to include all forms

of estrogens and estrogenic substances as discussed above. Derivatives, precursors, metabolites and the like of all of the substances discussed above having therapeutic or biological action of estrogen or estrogenic derivatives, precursors or metabolites of the substances discussed above are also encompassed by the present invention. Specifically, naturally occurring estrogens, synthetic estrogens, steroidal and non-steroidal estrogens and estrogenic substances are all typically suitable for use in the present invention. A combination of two or more estrogens is also suitable for use in the present invention. Accordingly, as used throughout this specification including the claims, the term estrogen also includes a combination of two or more estrogens.

BRIEF DESCRIPTION OF THE DRAWINGS

Figure 1 shows micrographs of lenses from male and female Wistar rats. Lenses were cultured with 0.15 ng/ml TGF β 2 and photographed after 7 days. Figure 1A shows a typical lens from a male rat, which developed distinct anterior opacities (arrow). Figure 1B shows a typical lens from a female rat. Some flaring of the light source is evident in the upper right-hand quadrant of each lens. Scale bar 400 μ m.

Figure 2 shows micrographs of lenses from ovariectomised rats. Lenses were cultured with 0.15 ng/ml TGF β 2 and photographed after 7 days. Figure 2A shows a lens from a rat that received vehicle only. Figure 2B shows a lens from a rat that received estrogen replacement. Figure 2C shows a lens from a rat that received progesterone replacement. Scale bar 400 μ m.

Figure 3 shows micrographs of lenses from ovariectomised rats that received vehicle alone (Figures 3A, 3C and 3E) or estrogen replacement (Figures 3B, 3D and 3F). Lenses were cultured with 0.15 ng/ml TGF β 2 and fixed at the end of a 7 day culture period. Serial sections were stained with haematoxylin and eosin (Figures 3A and 3B) or used for

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localisation of α -smooth muscle actin (Figures 3C and 3D) and type I collagen (Figures 3E and 3F). The arrow in Figure 3A indicates spindle-shaped cells within a large anterior subcapsular plaque containing many condensed nuclei; the asterisk indicates swollen fibre cells around the plaque where vacuoles are also present. The arrowheads in Figure 3C and Figure 3E indicate the cells attached to the capsule that contain α -smooth muscle actin and type I collagen, respectively. ep, epithelial cells; ca, lens capsule; fc, fibre cells. Scale bar 40 μ m.

Figure 4 shows lenses from ovariectomised rats that received vehicle alone (Figure 4A and 4C) or estrogen replacement (Figures 4B and 4D). Lenses were cultured with 0.15 ng/ml TGF β 2 and fixed at the end of the 7 day culture period. Serial sections were stained for routine histology with haematoxylin and eosin (Figure 4A and 4B) or used for immunofluorescent localisation of type I collagen (Figure 4C and 4D). The lens equator is positioned at the top of each micrograph. In Figures 4A and 4C, the arrowheads indicate nucleated cells migrating along the lens capsule towards the posterior pole. Scale bar 40 μ m.

Figure 5 shows micrographs of lenses from rats that had received intravitreal injections of vehicle only (Figures 5A and 5C) or TGF β 2 (Figures 5B and 5D). Serial sections were stained for routine histology with haematoxylin and eosin (Figure 5A and 5B) or left unstained and viewed by phase contrast microscopy (Figure 5C and 5D). The arrowheads in Figures 5B and 5D indicate nucleated cells, most of which show varying degrees of swelling. ca, posterior lens capsule. Scale bar 40 μ m (Figures 5A and 5B); 25 μ m (Figures 5C and 5D).

Figure 6 shows examples of lenses corresponding to categories used for grading TGF β -induced cataractous changes in lenses from immature female rats. Grade 1: lens exhibits slight clouding on visual examination that is not apparent

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in micrograph (A); Grade 2: lens exhibits extensive graininess (B) or a single central opacity (C). Grade 3: lens contains two to three discrete opacities (D). Grade 4: lens contains more than three discrete opacities. Some
5 flaring of the light source is evident especially in the lower portion of each lens. Scale bar, 420 μ m.

Figure 7 shows the effect on TGF β -induced cataract of administering tamoxifen or nafoxidene to immature female rats in vivo. Rats were injected with the test substance, or
10 vehicle only (control), for 3 days prior to removal of the lenses, which were then cultured with 0.4-0.75 ng/ml TGF β 2 for 5 days and graded with respect to cataractous changes. Grade 0, lens remained transparent; grades 1-4, increasing severity of cataractous changes, as defined in Example 5.
15 Data represent the pooled results of two experiments. The asterisks indicate the significance of the increase in the proportion of lenses in Grade 0 in response to treatment: *p < 0.02; **p < 0.003, Fisher's exact test. CON, control; TAMOX, tamoxifen; NAFOX, nafoxidene.

20 Figure 8 shows the effect on TGF β -induced cataract of administering (A) coumestrol or genistein and (B) α -zearalenol or octyl phenol to lenses obtained from immature female rats in vitro. Lenses were precultured for 1-2 days with the test substance, or without test substance
25 (controls), prior to replacement of medium (including test substance) and addition of 0.4-0.75 ng/ml TGF β 2. After a further 5 days culture, lenses were graded with respect to cataractous changes. Grade 0, lens remained transparent; grades 1-4, increasing severity of cataractous changes, as
30 defined in Example 5. Data from two experiments have been pooled in each case. The asterisks indicate the significance of the increase in the proportion of lenses in Grade 0-1 in response to treatment: *p < 0.03; **p < 0.001, Fisher's exact test. CON, control; COUM, coumestrol; GEN, genistein; α -ZEAR, α -zearalenol; OCT-PHE, octyl phenol.
35

BEST AND OTHER MODES FOR CARRYING OUT THE INVENTION

Commercially available estrogens or estrogenic substances which may be used in accordance with the present invention include estradiol, ethinyl estradiol, equilin, 5 estriol, estrone, 6-hydroxyquinoline, coumestrol, formononetin, equol, daidzein, zearalenol, nafoxidene, octyl phenol, mestranol, quinestrol, diethylstilbestrol, genistein, biochanin A, phloretin and tamoxifen. Other estrogens and estrogenic substances can be easily prepared 10 according to literature procedures.

Estrogen can be administered according to the present invention by introduction into one or more chambers of the eye (for example, the anterior chamber) or near the eye, by an injection into a site from which the estrogen can be 15 readily transported to the eye via the circulatory system, or by oral administration or injection to the subject, or by topical application such as in a cream or nosespray.

Estrogen may also be administered in the form of dermal patches or by implantation of a depot of estrogen for slow 20 release. The estrogen may also be administered through a membranous ocular patch which is applied directly to the surface of the eye. Routes of administration of estrogens as discussed by Lobo (1987) are suitable for the present invention.

25 The effective amount of estrogen required for use in the treatment according to the present invention will vary with the estrogen used, with the route of administration, the stage of condition under treatment and the host undergoing treatment, and it is ultimately at the discretion 30 of the physician. A dosage that results in the exposure of the lens cells to a concentration of the estrogen bioequivalent to about 10^{-9} to 10^{-11} molar 17- β -estradiol is suitable.

Typically the estrogen is presented as a pharmaceutical 35 or ophthalmological formulation.

The treatment with estrogen can be used as an adjunct

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to eye surgery to inhibit cataract-related changes that may occur as a result of surgical intervention as, for example, in the formation of aftercataract following surgery for treatment of some other form of cataract. The present invention may also be suitable for treatment of individuals otherwise at a greater than normal risk of cataract formation or of being exposed to elevated TGF β levels near the lens.

Pharmaceutical and ophthalmological formulations of the present invention are prepared according to conventional pharmaceutical formulating techniques. The carrier may be of any form depending on the form of the preparation desired for administration and the formulation may optionally contain other therapeutic ingredients. Typically estrogen can be included in conventional irrigation solutions or viscoelastic solutions used during ocular surgery (Black, 1996). Lens implants coated or impregnated with estrogen may contain other therapeutic agents and may be prepared according to conventional techniques.

EXAMPLE 1

Effect of estrogen *in vivo* on TGF β -induced cataract.

METHOD

17- β -estradiol (1,3,5[10]-Estratriene-3, 17 β -diol) and progesterone (4-Pregnene-3, 20-dione) were obtained from Sigma (St Louis, MO) and human recombinant TGF β 2 from Genzyme (Cambridge, MA). In some experiments, lenses were derived from normal 6- to 10- month-old adult male and female Wistar rats, sacrificed by CO₂ asphyxiation before removal of eyes. Alternatively, ovariectomies were performed on 3-month-old female Wistar rats under anaesthesia as described by Murphy and Rogers (1981). After waiting for 4 to 5 weeks to ensure clearance of residual estrogen and progesterone, ovariectomised rats were given three daily injections of 0.5 μ g 17- β -estradiol or 5 mg progesterone, dissolved in benzyl alcohol/peanut oil (1:3, v/v). Control rats received vehicle alone. One day later,

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rats were sacrificed by a lethal dose of nembutal (Boehringer, NSW, Australia) before removal of eyes.

Lens cultures

5 Lenses were carefully dissected free from surrounding ocular tissues in culture medium, as described by Hales et al. (1995), and cultured with TGF β 2 at final concentrations of 0.025-4 ng/ml, which was added immediately. Recombinant human TGF β 2 was obtained from Genzyme (Cambridge, MA, USA). Serum-free medium 199 containing antibiotics and 0.1% bovine
10 serum albumin, as already described by Hales et al. (1995), was used as culture medium. Controls received no TGF β . Culture medium was renewed every two days throughout the culture period, without further addition of TGF β . Lenses were cultured for 7 days and the anterior surface was
15 photographed daily to record development of opacities. At the end of the culture period, lenses were fixed in Carnoy's fixative (acetic acid/ethanol, 1:3, v/v) and embedded in paraffin.

Opacification index

20 TGF β -induced lens opacification begins as diffuse clouding on the anterior surface of the lens. As the response progresses, these regions condense to form distinct opacities leaving a reduced area of clouding. At low concentrations of TGF β , few distinct opacities are observed
25 at 7 days culture and a large proportion of the lens surface remains cloudy. In contrast, at high concentrations most of the initially cloudy areas condense to form numerous distinct opacities (as in Fig. 1A). On the basis of these observations, a method for measuring the extent of
30 opacification has been developed.

Micrographs of lenses at 7 days of culture were used to determine lens opacification. Each micrograph was scanned with a 3CX X-ray scanner (XRS Corporation, CA, USA) using Adobe Photoshop and XRS Omni Media software. A series of
35 measurements was then made using NIH Image v 1.52. In some micrographs, flared reflections of the light source made it

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impossible to assess the extent of opacification in certain regions (see, for example, Fig. 1B). Only micrographs in which the accessible area represented greater than 75% of the total area were used. The accessible area (A) and, within this area, the total area of clouding (B) and the total number of distinct opacities (C) were measured. An 'opacification index' was then calculated as follows:

$$\text{Opacification Index} = \frac{\text{number of distinct opacities (C)}}{\text{proportion of assessable area with clouding (B/A)}}$$

10

Histology and immunohistochemistry

Serial sections of paraffin-embedded lenses, were processed for routine histology or for immunohistochemical localisation of α -smooth muscle actin or type I collagen, as described by Hales et al. (1995). Representative lenses from each treatment group were examined by routine histology (all TGF β 2 concentrations) and immunolocalisation (0.15 ng/ml TGF β 2).

20

RESULTS

Male-female difference in responsiveness of lenses to TGF β

Lenses from male rats developed distinct anterior opacities when cultured with 0.15 ng/ml TGF β 2 (Fig. 1A). In contrast, lenses from female rats remained transparent under these conditions (Fig. 1B), as did control lenses from male and female rats cultured without TGF β (not shown). However, at a higher concentration of TGF β 2, 1 ng/ml, lenses from female rats also developed opacities (Table 1). For both sexes, the response increased significantly with concentration of TGF β .

30

TABLE 1		
TGF β -induced opacification in lenses from adult rats		
TGF β (ng/ml)	Opacification Index	
	Male	Female
0	0	0
0.025	13 \pm 0.3	0*
0.15	57 \pm 5	0*
1	69 \pm 9	54 \pm 6
4	187 \pm 19	118 \pm 10*
Lenses from adult male and female rats were cultured for 7 days. TGF β 2 was used at the concentrations indicated. Values represent the mean \pm SEM of determinations of four individual lenses.		
* This value is significantly lower than the corresponding value for lenses from male rats (p < 0.05 Students t test).		

Histological examination of lenses cultured with 0.15 ng/ml TGF β 2 revealed distinct subcapsular plaques, containing spindle-shaped cells and extracellular matrix, in the lenses from males. In contrast, the lenses from females and controls retained normal lens architecture, with a monolayer of epithelial cells overlying the fibre mass. Immunolocalisation of α -smooth muscle actin and type I collagen showed that, for males, strong reactivity for both these cataract markers was present in plaques induced by culturing with 0.15 ng/ml TGF β 2, whereas corresponding lenses from females showed no reactivity for α -smooth muscle actin and only very weak reactivity for type I collagen in a few cells in the epithelium. These markers were not detectable in sections of control lenses from males or females cultured for up to 7 days without TGF β .

Effect of hormone replacement, following ovariectomy, on lens responsiveness to TGF β in vitro

Lenses from ovariectomised rats (without hormone replacement) developed opacities when cultured with 0.15 ng/ml TGF β (Table 2; Fig. 2A), a concentration shown to have negligible effect on lenses from normal female rats (Table 1, Fig. 1B). Lenses from ovariectomised rats which received estrogen, however, did not develop opacities under these conditions (Table 2; Fig. 2B), while the response of lenses from rats treated with progesterone was similar to that of lenses from vehicle-treated rats (Table 2; Fig. 2C).

TABLE 2

TGF β -induced opacification in lenses from ovariectomised rats on various hormone replacement regimes

Hormone regime	Opacification index
Vehicle only	240 \pm 18
17- β -estradiol	0
Progesterone	210 \pm 19*

TGF β 2 (0.15 ng/ml) was used and lenses were cultured for 7 days. Values represent the, mean \pm SEM of determinations of six individual lenses.

* This value is not significantly different from the value for controls (vehicle alone).

Histologically, the opacities observed in ovariectomised rats that only received vehicle corresponded with subcapsular plaques or clumps of abnormal cells (Fig. 3A). Reactivity for the cataract markers α -smooth muscle actin and type I collagen was observed predominantly within the subcapsular plaques (Figs. 3C and 3E). In contrast, lenses from estrogen-treated rats retained normal cellular morphology (Fig. 3B) and no reactivity for α -smooth muscle

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actin or type I collagen was detected (Fig. 3D and F). In all these respects, lenses from rats that received progesterone replacement were indistinguishable from lenses from rats that received vehicle alone.

5 A variety of more subtle histological changes were observed in lenses from ovariectomised rats that did not receive estrogen. Swelling of cortical fibre cells with evidence of degeneration, reminiscent of cortical cataract, was commonly observed (see, for example, Fig. 3A), generally
10 in the region of the lens anterior to the equator. In addition, nucleated cells were observed migrating along the posterior capsule towards the posterior pole (see, for example, Fig. 4A); these cells showed reactivity for type I collagen (Fig. 4C) but not for α -smooth muscle actin. None
15 of these changes was observed in lenses from estrogen-treated ovariectomised rats, which remained transparent (Fig. 4B and D). In lenses from normal male and female rats, concentrations of TGF β higher than 0.15 ng/ml were required to induce changes as pronounced as those in Figs.
20 3A and 4A. Thus lenses from normal rats of either sex seemed to be more resistant to the effects of TGF β than those from ovariectomised rats that did not receive estrogen.

It has previously been shown that all mammalian
25 isoforms of TGF β induce cataractous changes in lens explants and cultured lenses, TGF β 2 and TGF β 3 being more potent than TGF β 1 (de Jongh et al., 1997). The present study shows that the ovarian estrogen, 17- β -estradiol, protects rat lenses against TGF β -induced cataract and that susceptibility to the
30 cataractous changes induced by TGF β is sex-dependent. Culturing lenses from ovariectomised females with TGF β resulted in marked opacification of the lens. Estrogen replacement *in vivo* prevented this response, but progesterone replacement did not (Table 2; Fig. 2).
35 Furthermore, lenses from male rats were found to be more susceptible to the cataractogenic effects of TGF β than those

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from normal females (Table 1; Fig. 1) and lenses from normal rats of either sex seemed more resistant to the effects of TGF β than those from ovariectomised rats (cf. Tables 1 and 2). The latter results are also consistent with a protective role for estrogen, since circulating estrogen is present in male rats, albeit at much lower levels than in normal females.

Opacities induced by TGF β correspond with subcapsular plaques of aberrant cells, including spindle-shaped cells, which are often associated with wrinkling of the lens capsule. Abnormal extracellular matrix deposition also occurs, mainly in the plaques. All these changes are typical of anterior and posterior subcapsular cataract and aftercataract. In addition, TGF β induces the accumulation of α -smooth muscle actin and type I collagen in both explants and cultured lenses (Hales et al., 1994; Hales et al., 1995). These proteins, which are not generally found in the lens, are present in human anterior subcapsular cataract and in aftercataract.

The present study shows that in lenses from adult rats, as for weanlings, TGF β induces opacities with morphological and molecular features of cataract. In each case, the plaques associated with the opacities are morphologically indistinguishable from early stage human anterior subcapsular cataracts (Worgul, 1982).

The opacities that form in rat lenses cultured with TGF β are anterior subcapsular cataracts. Marked similarities between TGF β -induced cataract and aftercataract have already been noted (Liu et al., 1994; Hales et al., 1995). Evidence of subtle changes typical of posterior subcapsular cataract and cortical cataract is provided by the present study. The present study provides evidence that TGF β can induce migration of aberrant cells along the lens capsule towards the, posterior pole (as in Fig. 4A). A similar abnormal migration of nucleated cells along the posterior capsule, is thought to be the basis of human

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posterior subcapsular cataract formation (Eshagian, 1982).
Some evidence of TGF β -induced cataract-like change was also
observed in the cortical fibres in the present study (Fig.
3A). This study of rats of varying natural or induced
5 estrogen status provides evidence that estrogen protects
against TGF β -induced cataract.

EXAMPLE 2

Ovariectomised rat model: effect on TGF β -induced
cataract of administering 17- β -estradiol directly to the
10 lens.

METHOD

Lenses from ovariectomised rats were precultured for
two days with or without 10⁻¹⁰ M 17- β -estradiol; phenol red-
free minimal essential medium (Sigma), containing 0.1%
15 bovine serum albumin and antibiotics, was used. The medium
was then replaced and TGF β 2 (0.15 ng/ml) was added
immediately. After a further seven days culture, the
opacification index was determined in the same manner as
described above for Example 1.

RESULTS

The estrogen-treated lenses showed negligible
opacification in response to TGF β . While a small region of
haziness was observed at the centre of some of these lenses
within six days of adding TGF β , no tendency to condense into
25 discrete opacities with time was noted. Numerous distinct
opacities developed in corresponding lenses cultured in
parallel without the addition of estrogen as shown in Table
3.

TABLE 3	
Effect of estrogen exposure in vitro on TGF β -induced opacification of lenses from ovariectomised rats	
Treatment	Opacification index
17- β -estradiol	0
No estradiol	151 \pm 19
Lenses from ovariectomised rats were precultured for 2 days with or without 10 ⁻¹⁰ M 17- β -estradiol, as indicated. Medium was then replaced (with or without estradiol, as before) and TGF β 2 (0.15 ng/ml) was added immediately. After a further 7 days culture, the opacification index was determined. Values represent the mean \pm SEM of determinations of three individual lenses.	

This study involving administration of estrogen to lenses in vitro provides evidence that estrogen protects against TGF β -induced cataract by influencing lens cells directly. Thus it also seems likely that estrogen confers protection against cataract by targeting lens cells directly when administered in vivo (as in Example 1), although the possibility of additional indirect benefits is not excluded.

EXAMPLE 3

Induction of cataract by administering TGF β in vivo.

METHOD

Three 9-month-old male Wistar rats (ex-breeding colony) were used in this study. Each rat was anaesthetised using 5% halothane in 70% NO₂/30% O₂. The concentration of halothane was then reduced to 1.5% for the duration of all surgical procedures. The rat was then positioned under a dissecting microscope with its left eye uppermost. Using a fine needle (Beckton Dickinson, USA; external diameter 360 μ m), a small puncture was made in the region of the limbus. A very fine needle (Hamilton, USA; external diameter 200 μ m) attached to a 10 μ l syringe (Hamilton) was immediately lowered through

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the puncture hole into the vitreous using a modified micromanipulator (Narashige, Japan). 3 µl of TGFβ₂ (using 20 ng/µl solution supplied by Genzyme) was then slowly injected into the vitreous. The needle was left in position for 30 to 60 seconds then slowly withdrawn to minimise fluid loss from the eye. Each injection procedure was performed under a dissecting microscope to ensure correct positioning of the needle and to monitor any loss of fluid from the eye. After injection, each animal was placed in a warmed recovery box.

Once all rats had been injected with TGFβ, each rat was anaesthetised for a second time, and the same protocol used to inject the right eye with 3 µl vehicle alone (30% acetonitrile/0.1% trifluoroacetic acid) to serve as a control.

Rats were sacrificed by CO₂ asphyxiation 6, 12 or 15 weeks after injection and the eyes were removed and placed in culture dishes containing medium 199. Lenses were carefully dissected free from surrounding ocular tissues and examined for the presence of opacities, photographed, fixed and processed for routine histology and immunolocalisation (as described in Example 1).

RESULTS

All lenses from TGFβ-injected eyes showed evidence of opacification and changes in cytoarchitecture, whereas control lenses remained transparent and retained normal morphology. None of the lenses in this study, that is control or TGFβ-treated, displayed evidence of penetration of the needle into the lens capsule during the injection procedure.

After exposure to TGFβ in vivo, lenses tended to develop opacities associated with subcapsular plaques of abnormal cells, similar to those observed in lenses cultured with TGFβ (see Example 1). However, these appeared to be restricted to a region around the lens equator extending some distance towards the anterior and posterior poles of

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the lens. More diffuse clouding was observed throughout most of the lens.

Normal lens morphology was observed in controls. For example, in the posterior region, fibre cells were regularly aligned parallel to the lens capsule and no nuclei were present (Figure 5A and 5C). In lenses that had been exposed to TGF β in vivo, fibre cells were atypical in that their nuclei did not undergo degradation; nucleated cells were commonly observed subjacent to the posterior lens capsule and also in the lens cortex (Figure 5B and 5D). These nucleated fibre cells were often swollen and in some areas appeared to be degenerating into large homogenous regions (Figure 5D). Changes such as those reported in Figures 5B and 5D are typical of abnormalities observed in human posterior subcapsular cataract and cortical cataract.

EXAMPLE 4

Ovariectomised rat model: effect on TGF β -induced cataract of administering equilin, coumestrol or 6-hydroxyquinoline directly to the lens

METHOD

Female Wistar rats (12-14 weeks old) were ovariectomised as described in Example 1. Equilin was obtained from Sigma, coumestrol from Apin Chemicals (Abingdon, Oxon, UK) and 6-hydroxyquinoline from Aldrich (Milwaukee, WI, USA). Five to eleven weeks post-ovariectomy, lenses were removed and placed in 5 ml culture medium (phenol-red free minimal essential medium with antibiotics as in Example 2). Lenses were precultured for 2 days after the addition of test substances (5 μ l in ethanol) to give the following final concentrations: equilin, 10^{-9} M; coumestrol, 10^{-6} M; and 6-hydroxyquinoline, 5×10^{-7} M. Controls received 5 μ l ethanol only. Medium was then replaced, with or without test substance as before, and TGF β 2 (0.75 ng/ml) was added to most dishes; some were cultured without addition of TGF β to

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serve as controls. Medium was renewed every two days throughout the culture period without re-addition of TGF β or test substance. Lenses were monitored daily for opacification and photographed on day 7 and the micrographs were used to determine the number of discrete opacities in each lens. Statistical analysis was carried out using Statistix software.

RESULTS

Lenses precultured without test substance prior to exposure to TGF β developed extensive regions of cloudiness and numerous discrete opacities appeared by the end of the culture period. The test substances significantly reduced the number of opacities induced by TGF β under these conditions (Table 5); generalised clouding was observed in only one lens (in the equilin-treated group). Control lenses cultured without addition of TGF β , after preculture with or without test substance, remained transparent throughout the culture period. Thus, equilin (a steroidal estrogen), coumestrol (a phytoestrogen), and 6-hydroxyquinoline (a quinoline derivative) all protected the lens against the cataractogenic effects of TGF β under these conditions.

TABLE 5		
TGF β -induced opacification in lenses from ovariectomised rats treated with equilin, coumestrol and 6-hydroxyquinilone in vitro		
Treatment	n	No. of opacities
None	10	7.4 \pm 1.1
Equilin	8	3.3 \pm 1.2*
Coumestrol	8	2.0 \pm 0.4**
6-OH quinoline	8	2.1 \pm 0.5**
Lenses were precultured for 2 days with the test substance then cultured with 0.75 ng/ml TGF β 2 plus test substance for a further 7 days. Values represent the mean \pm SEM of determinations of 8-10 individual lenses. All test substances significantly reduced the number of opacities per lens: *p < 0.05; **p < 0.01, Kruskal-Wallis one-way non-parametric ANOVA.		

EXAMPLE 5

- 5 Immature rat model: effect on TGF β -induced cataract of administering tamoxifen and nafoxidene in vivo.

METHOD

Immature female Wistar rats (26-27 days old) were injected subcutaneously for 3 days with vehicle alone (benzyl alcohol/peanut oil, as in Example 1) or with test substance at the following doses per day: tamoxifen, 75 μ g; nafoxidene, 500 μ g (both from Sigma). The following day, rats were sacrificed and lenses were removed and cultured with TGF β 2 for 5 days, as described in Example 4, except that only 4 ml culture medium was used. The final concentration of TGF β 2 was 0.4 ng/ml (Expt 1) or 0.75 ng/ml (Expt 2). On the last day of culture, lenses were photographed and graded according to the severity of the opacification response, as follows: grade 0, transparent

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lens; grade 1, small central region of clouding or opacification noted by direct observation but too faint to record photographically; grade 2, generalised cloudiness or one discrete opacity only; grade 3, two or three discrete opacities; grade 4, more than three discrete opacities. Examples of lenses corresponding to categories 1-4 are shown in Figure 6. Statistical analysis was carried out on pooled data, using GraphPad Prism software, to determine whether the proportion of lenses showing no opacification (Grade 0) was higher for treated rats than for controls.

RESULTS

The results of grading the response of the lenses in each treatment group are shown in Figure 7. Most of the lenses cultured with TGF β alone developed regions of cloudiness and most contained discrete opacities by the end of the culture period. Each of the test substances reduced the cataractogenic effect of TGF β , as indicated by the shift in the values from right to left in the frequency distributions. All lenses were transparent on dissection and a supplementary experiment established that lenses from rats injected with tamoxifen and nafoxidene at these doses remained transparent during culture without TGF β . Thus, tamoxifen and nafoxidene (estrogen agonist/antagonists) protected the lens against the cataractogenic effects of TGF β under these conditions.

EXAMPLE 6

Immature rat model: effect on TGF β -induced cataract of administering various estrogenic substances directly to the lens.

METHOD

Coumestrol was obtained from Apin Chemicals. Genistein, α -zearalenol and octyl phenol were obtained from Sigma. Lenses from normal 26-27-day-old female Wistar rats were placed in 4 ml culture medium (as in Example 5) and

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precultured after the addition of the test substance (5 μ l in ethanol) at the following final concentrations:

genistein, 5×10^{-6} M; coumestrol, 10^{-6} M (Expt 1);

genistein, 5×10^{-6} M; coumestrol, 10^{-7} M (Expt 2); and

5 α -zearalenol, 10^{-8} M, octyl phenol, 10^{-7} M (Expts 3&4).

Controls received 5 μ l ethanol only. The preculture period was 1 day (Expts 1,2&3) or 2 days (Expt 4). Medium was then replaced, with or without test substance as before, and

10 TGF β 2 was added (0.75 ng/ml, Expts 1&2; 0.4 ng/ml, Expts 3&4). Representative lenses from each treatment group were processed in this way without the addition of TGF β to assess the effects of the test substances alone. Medium was renewed every two days throughout the culture period without re-

15 addition of TGF β or test substance. Lenses were cultured for 5 days and photographed and graded as in Example 5.

Statistical analysis was carried out on pooled data, using GraphPad Prism software, to determine whether the proportion of lenses showing little or no opacification (Grades 0-1) was higher for treated rats than for controls.

20

RESULTS

The results of grading the response of the lenses in each treatment group are shown in Figure 8. All the lenses cultured with TGF β alone developed regions of cloudiness and most contained numerous discrete opacities by the end of the

25 culture period. Each of the test substances reduced the cataractogenic effect of TGF β , as indicated by the shift in the values from right to left in the frequency distributions (Fig. 8). Control lenses cultured without addition of TGF β , after preculture with or without test substance, remained

30 transparent throughout the culture period. Thus, coumestrol (a coumestan phytoestrogen), genistein (an isoflavone phytoestrogen), α -zearalenol (a mycoestrogen), and octyl phenol (an alkyl phenol) all protected the lens against the cataractogenic effects of TGF β under these conditions.

INDUSTRIAL APPLICABILITY

It should be clear that the methods of treatment, formulations and lens implants of the present invention will find wide use in the medical and veterinary field.

- 5 The foregoing describes only some embodiments of the present invention and modifications obvious to those skilled in the art can be made thereto without departing from the scope of the invention.

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CLAIMS

1. A method of preventing or controlling TGF β -
5 induced cataract or cataract-like disorders in the eye of a
mammalian subject which comprises administering to the
subject an effective amount of estrogen.

2. A method according to claim 1, wherein the
10 estrogen is administered directly to or near the eye of the
subject.

3. A method according to any one of claims 1 or 2,
wherein the mammalian subject is a human.

15 4. A method according to any one of claims 1 to 3,
wherein the estrogen is a steroidal estrogen.

5. A method according to any one of claims 1 to 3,
20 wherein the estrogen is selected from the group consisting
of quinolines and fused quinolines that act as steroid
receptor modulators, phytoestrogens, mycoestrogens and
estrogen receptor agonists/antagonists and therapeutically
effective derivatives, precursors and metabolites thereof.

25 6. A method according to claim 5, wherein the
phytoestrogen is selected from isoflavones, flavones and
coumestans and therapeutically effective derivatives,
precursors and metabolites thereof.

30 7. A method according to any one of claims 1 to 6,
wherein the TGF β -induced cataract is anterior subcapsular
cataract, posterior subcapsular cataract, cortical cataract
or aftercataract.

35

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8. An ophthalmological formulation comprising estrogen in an ophthalmologically acceptable carrier but excluding conventional pharmaceutically acceptable carriers.

5 9. A membranous ocular patch impregnated with estrogen.

10 10. A method of preventing or controlling aftercataract formation in the eye of a mammalian subject following lens implant surgery which comprises implanting in the eye of the subject, a lens or lens implant coated or impregnated with estrogen.

15 11. A lens implant coated or impregnated with estrogen.

20 12. An ophthalmological formulation according to claim 8, a membranous ocular patch according to claim 9, a method according to claim 10 or a lens implant according to claim 11, wherein the estrogen is a steroidal estrogen.

25 13. An ophthalmological formulation according to claim 8, a membranous ocular patch according to claim 9, a method according to claim 10 or a lens implant according to claim 11, wherein the estrogen is selected from the group consisting of quinolines and fused quinolines that act as steroid receptor modulators, phytoestrogens, mycoestrogens and estrogen receptor agonists/antagonists and therapeutically effective derivatives, precursors and
30 metabolites thereof.

35 14. An ophthalmological formulation, a membranous ocular patch, a method or a lens implant according to claim 13, wherein the phytoestrogen is selected from isoflavones, flavones and coumestans and therapeutically effective derivatives, precursors and metabolites thereof.

15. The use of estrogen in the manufacture of an ophthalmological formulation for preventing or controlling TGF β -induced cataract or cataract-like disorders.

5

16. The use of estrogen for preventing or controlling TGF β -induced cataract or cataract-like disorders.

17. Use according to any one of claims 15 or 16,
10 wherein the estrogen is a steroidal estrogen.

18. Use according to any one of claims 15 or 16,
wherein the estrogen is selected from the group consisting
of quinolines and fused quinolines that act as steroid
15 receptor modulators, phytoestrogens, mycoestrogens and
estrogen receptor agonists/antagonists and therapeutically
effective derivatives, precursors and metabolites thereof.

19. Use according to claim 18, wherein the
20 phytoestrogen is selected from isoflavones, flavones and
coumestans and therapeutically effective derivatives,
precursors and metabolites thereof.

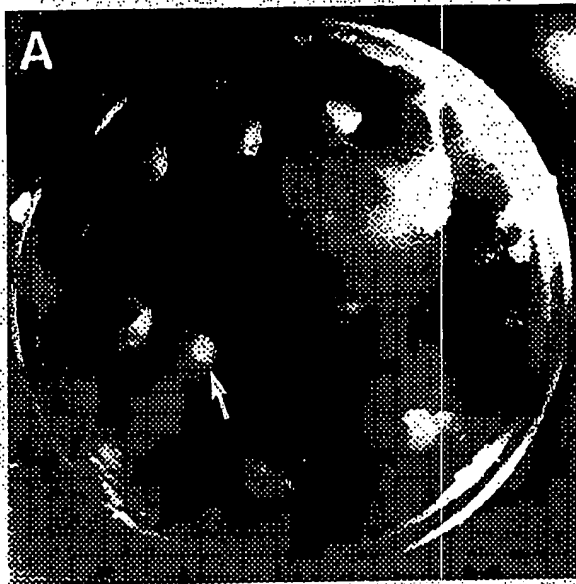


Fig. 1A

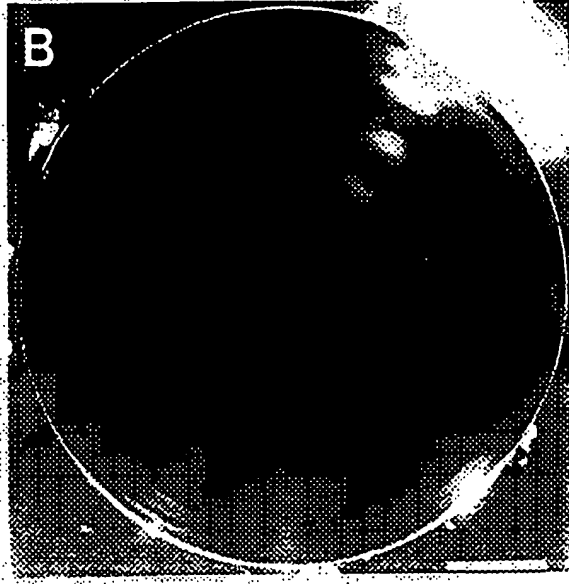


Fig. 1B

Figure 1

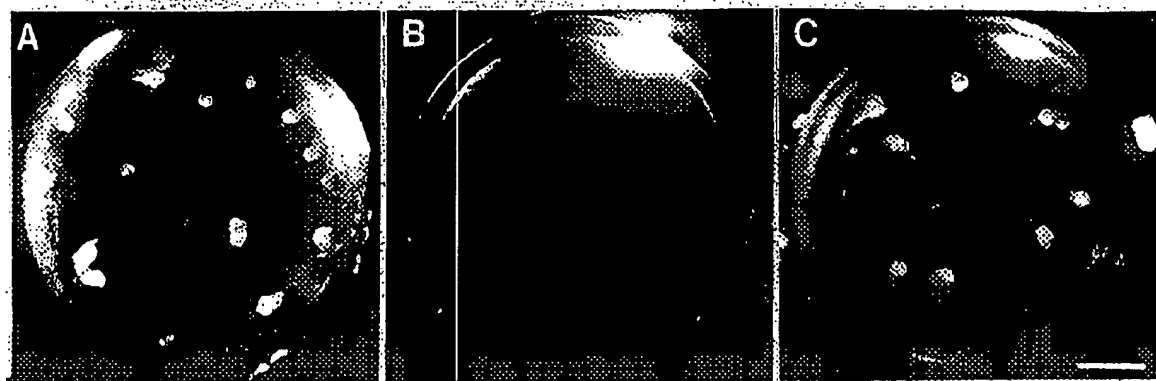


Fig. 2A

Fig. 2B

Fig.2C

Figure 2

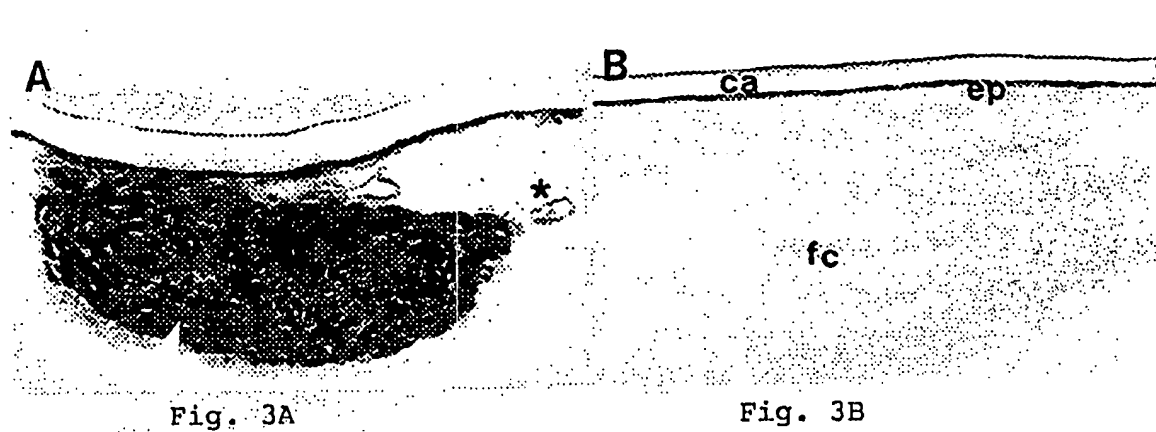


Fig. 3A

Fig. 3B

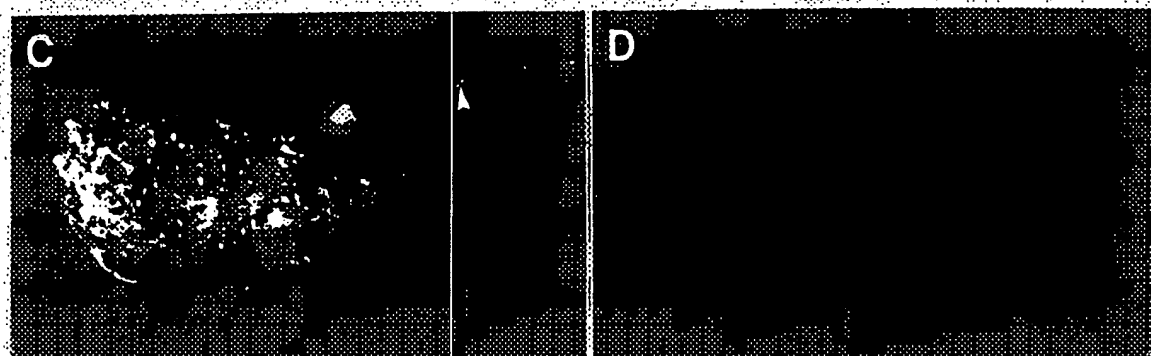


Fig. 3C

Fig. 3D

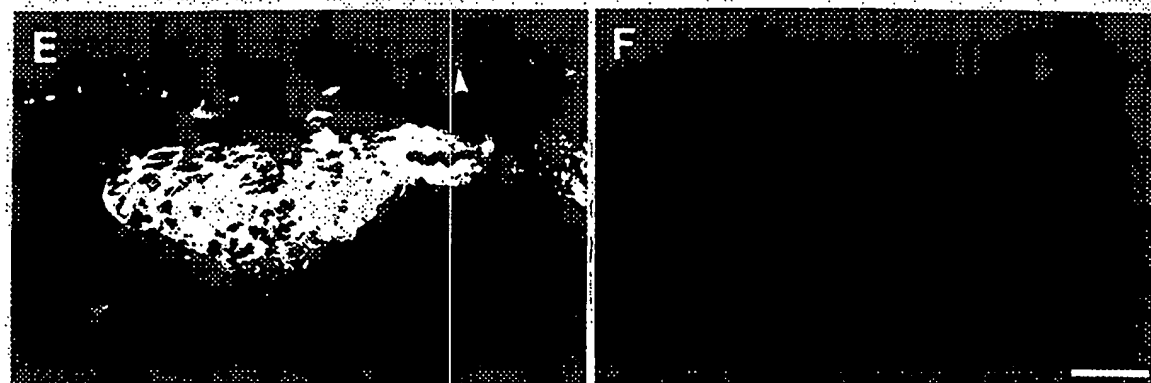


Fig. 3E

Fig. 3F

Figure 3

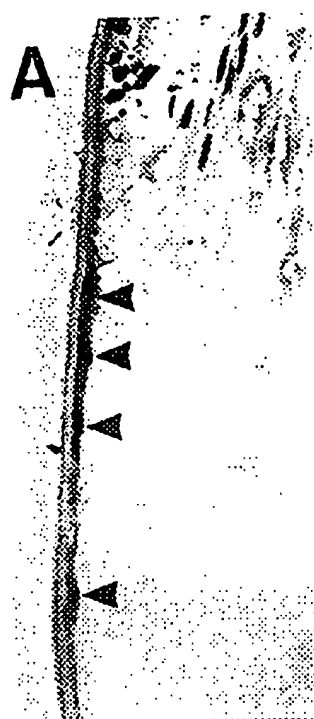


Fig. 4A



Fig. 4B

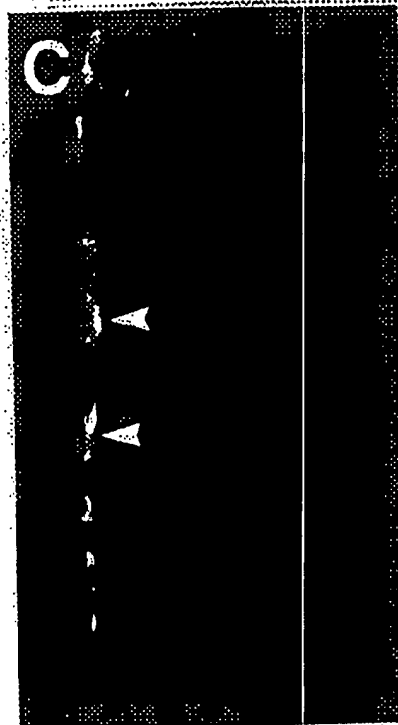


Fig. 4C

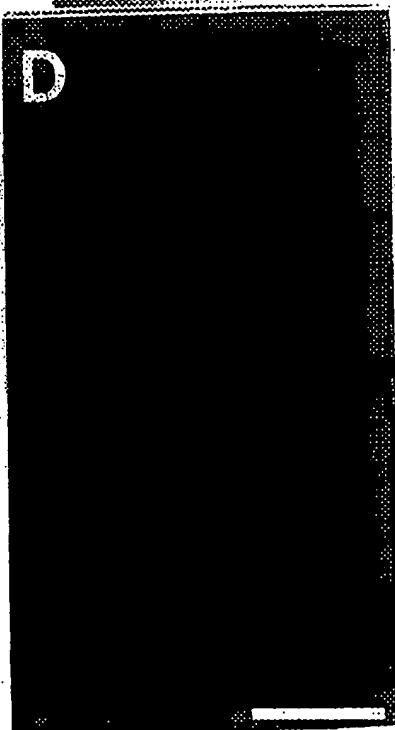


Fig. 4D

Figure 4

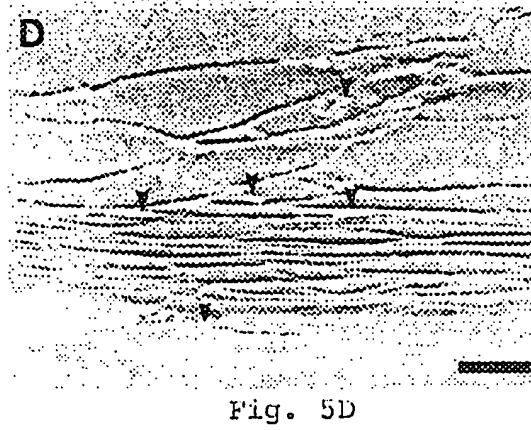
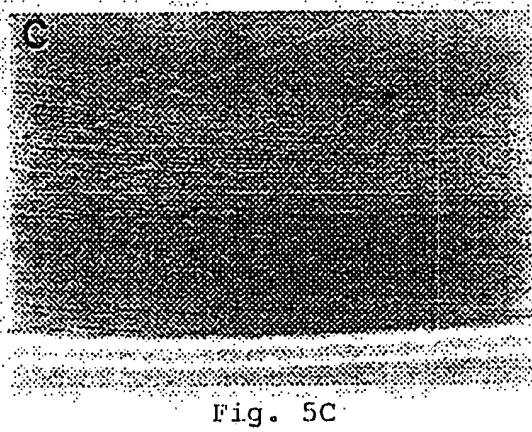
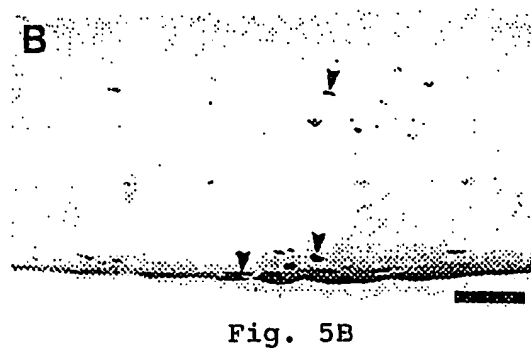
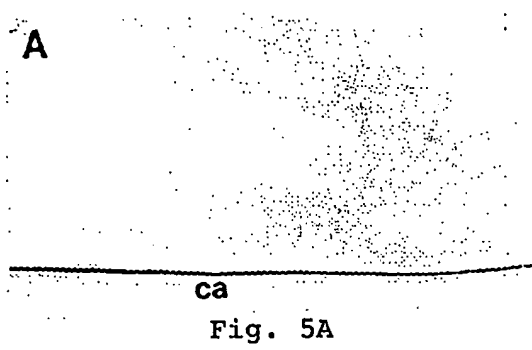


Figure 5

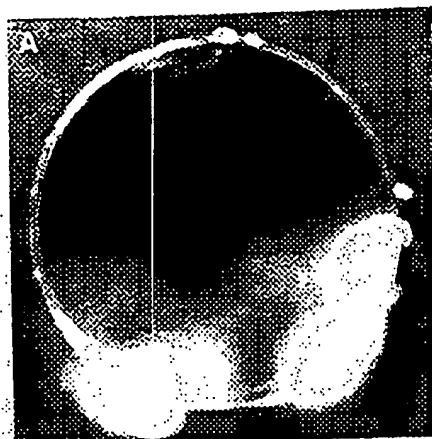


Fig. 6A

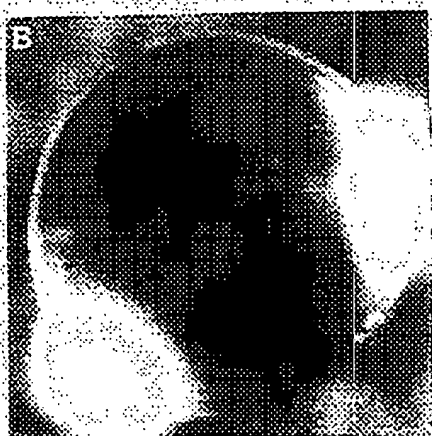


Fig. 6B

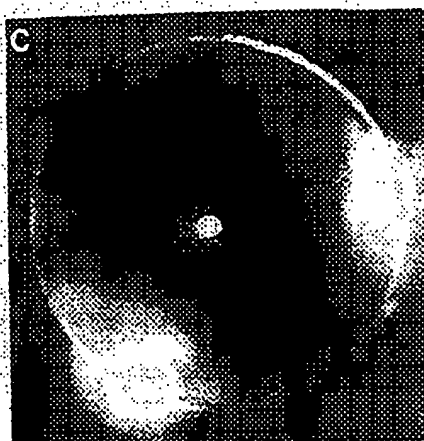


Fig. 6C

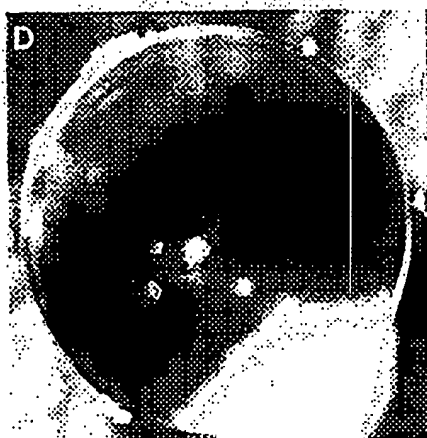


Fig. 6D

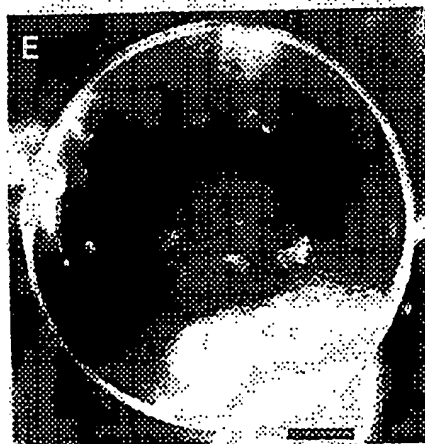


Fig. 6E

Figure 6

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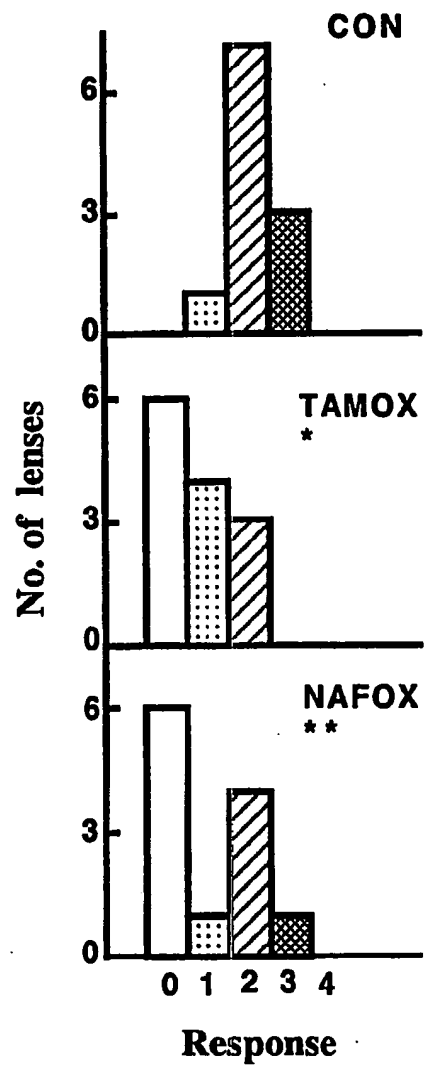


Figure 7

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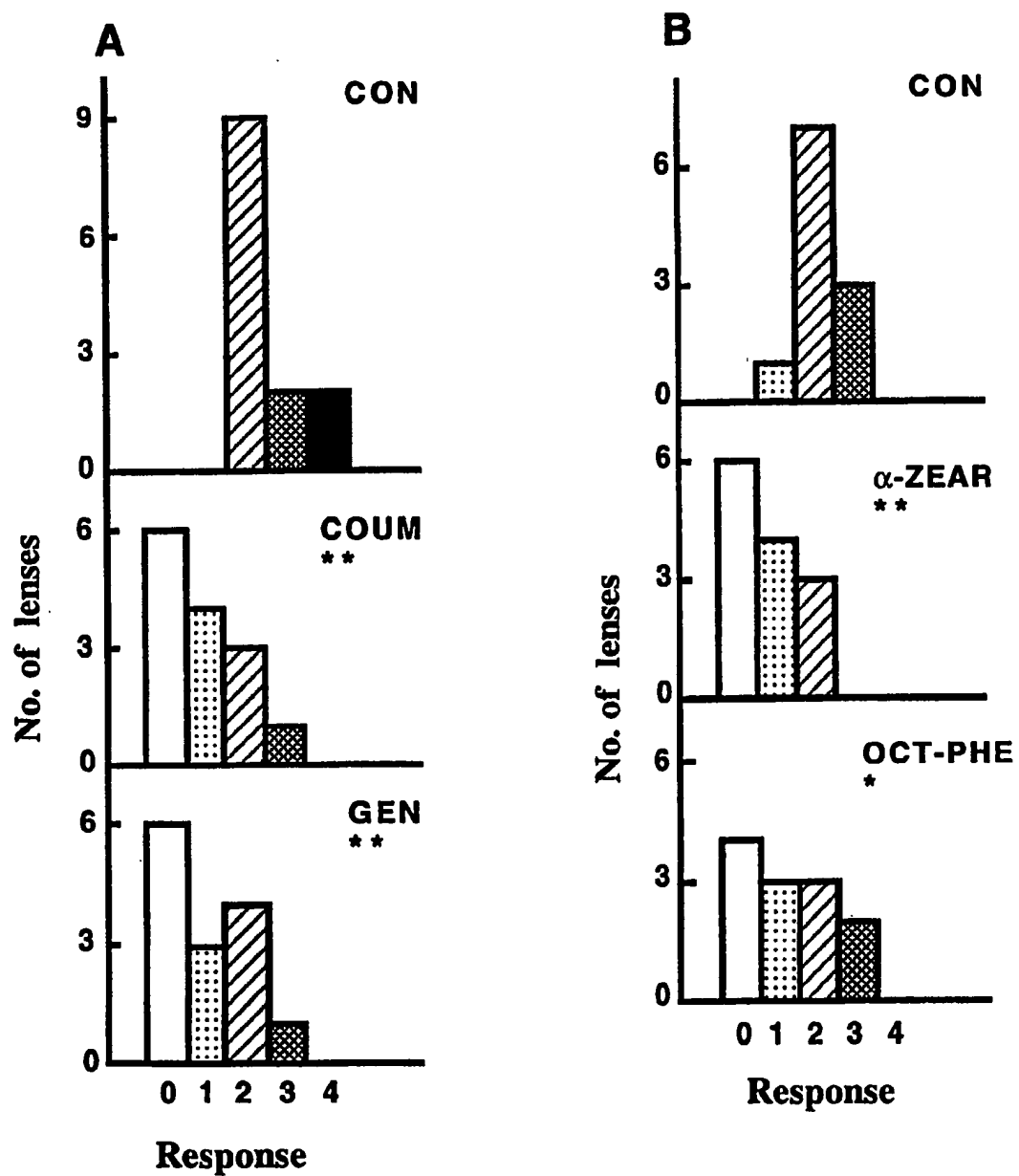


Figure 8

INTERNATIONAL SEARCH REPORT

International Application No.

PCT/AU 97/00865

A. CLASSIFICATION OF SUBJECT MATTER												
Int Cl ⁶ : A61K 31/565, 31/05, 31/365, 31/135, 31/37												
According to International Patent Classification (IPC) or to both national classification and IPC												
B. FIELDS SEARCHED												
Minimum documentation searched (classification system followed by classification symbols) IPC A61K												
Documentation searched other than minimum documentation to the extent that such documents are included in the fields searched AU: IPC as above												
Electronic data base consulted during the international search (name of data base and, where practicable, search terms used) WPAT: CATARACT, LENS() OPACITY, TGF, TRANSFORMING GROWTH FACTOR, ESTROGEN STN: as above												
MEDLINE: as above												
C. DOCUMENTS CONSIDERED TO BE RELEVANT												
Category*	Citation of document, with indication, where appropriate, of the relevant passages	Relevant to claim No.										
P,X	JOURNAL OF EXPERIMENTAL MEDICINE, Vol. 185, No. 2, 1997 (20 January 1997), pages 273-280. A.M. Hales et al. 'Estrogen protects lenses against cataract induced by TGF-β'.	1 to 19										
P,X	AMERICAN JOURNAL OF EPIDEMIOLOGY, Vol. 145, No. 3, 1997 (1 February 1997), pages 242-249. R.G. Cumming et al. 'Hormone replacement therapy, reproductive factors, and cataract. The Blue Mountains Eye Study'.	1 to 19										
A	ARCH. OPHTHAMOLOGY, Vol. 112, No. 1, pages 85-91. B.E. Klein et al. 'Is there evidence of an estrogen effect on age related lens opacities? The Beaver Dam Eye Study'.	1 to 19										
<input checked="" type="checkbox"/> Further documents are listed in the continuation of Box C <input checked="" type="checkbox"/> See patent family annex												
<p>* Special categories of cited documents:</p> <table border="0"> <tr> <td>"A" document defining the general state of the art which is not considered to be of particular relevance</td> <td>"T" later document published after the international filing date or priority date and not in conflict with the application but cited to understand the principle or theory underlying the invention</td> </tr> <tr> <td>"E" earlier document but published on or after the international filing date</td> <td>"X" document of particular relevance; the claimed invention cannot be considered novel or cannot be considered to involve an inventive step when the document is taken alone</td> </tr> <tr> <td>"L" document which may throw doubts on priority claim(s) or which is cited to establish the publication date of another citation or other special reason (as specified)</td> <td>"Y" document of particular relevance; the claimed invention cannot be considered to involve an inventive step when the document is combined with one or more other such documents, such combination being obvious to a person skilled in the art</td> </tr> <tr> <td>"O" document referring to an oral disclosure, use, exhibition or other means</td> <td>"&" document member of the same patent family</td> </tr> <tr> <td>"P" document published prior to the international filing date but later than the priority date claimed</td> <td></td> </tr> </table>			"A" document defining the general state of the art which is not considered to be of particular relevance	"T" later document published after the international filing date or priority date and not in conflict with the application but cited to understand the principle or theory underlying the invention	"E" earlier document but published on or after the international filing date	"X" document of particular relevance; the claimed invention cannot be considered novel or cannot be considered to involve an inventive step when the document is taken alone	"L" document which may throw doubts on priority claim(s) or which is cited to establish the publication date of another citation or other special reason (as specified)	"Y" document of particular relevance; the claimed invention cannot be considered to involve an inventive step when the document is combined with one or more other such documents, such combination being obvious to a person skilled in the art	"O" document referring to an oral disclosure, use, exhibition or other means	"&" document member of the same patent family	"P" document published prior to the international filing date but later than the priority date claimed	
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"L" document which may throw doubts on priority claim(s) or which is cited to establish the publication date of another citation or other special reason (as specified)	"Y" document of particular relevance; the claimed invention cannot be considered to involve an inventive step when the document is combined with one or more other such documents, such combination being obvious to a person skilled in the art											
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Date of the actual completion of the international search 3 April 1998		Date of mailing of the international search report 29 APR 1998										
Name and mailing address of the ISA/AU AUSTRALIAN PATENT OFFICE PO BOX 200 WODEN ACT 2606 AUSTRALIA Facsimile No.: (02) 6285 3929		Authorized officer DEBORAH LALLY Telephone No.: (02) 6283 2533										

INTERNATIONAL SEARCH REPORT

International Application No.

PCT/AU 97/00865

C (Continuation) DOCUMENTS CONSIDERED TO BE RELEVANT		
Category*	Citation of document, with indication, where appropriate, of the relevant passages	Relevant to claim No.
A	TRANSACTIONS OF THE AMERICAN OPHTHAMOLOGICAL SOCIETY, Vol. 19, pages 517-544. B.E. Klein et al. "Lens opacities in women in Beaver Dam, Wisconsin: is there evidence of an effect of sex hormones?"	1 to 19
X	MERCK INDEX, 12 th Edition. Merck Research Laboratories, NJ, 1996, page THER-22, listing under ESTROGEN	8 to 19
X	WO, A, 96/19458 [Ligand Pharmaceuticals Incorporated] 27 June 1996, the whole document.	8 to 19
X	US, A, 5405944 [Institute of Applied Biochemistry] 11 April 1995, the whole document.	8 to 19
A	WO, A, 95/13827 [The University of Sydney] 26 May 1995, the whole document.	1 to 7

INTERNATIONAL SEARCH REPORT

Information on patent family members

International Application No.

PCT/AU 97/00865

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Patent Document Cited in Search Report				Patent Family Member			
WO	9619458	AU	45977/96	CA	2208347	EP	800519
		NO	972591	WO	9619458	US	5688808
		US	5688810	US	5693646	US	5693647
		US	5696127	US	5696130	US	5696133
US	5405944	CA	2078804	DE	69220639	EP	535595
		EP	688785	JP	5170786	US	5405944
WO	9513827	AU	81349/94	EP	735895	JP	9505057
		WO	9513827				

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